PRINTED: 10/21/2021 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: ___ COMPLETED B. WING IL6013320 08/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 228 BRIARBROOK DRIVE **BRIARBROOK PLACE** EAST PEORIA, IL 61611 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) Z 000 **COMMENTS** Z 000 Complaint Investigation 2125359/IL136467 Z9999 **FINDINGS** Z9999 Statement of Licensure Violations 350.620a) 350.1210 350.1230b)3) 350.1230b)7) 350.3240a) 350.3240f) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. Section 350.1230 Nursing Services b) Residents shall be provided with nursing

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

services, in accordance with their needs, which shall include, but are not limited to, the following:

The DON shall participate in:

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: __ COMPLETED IL6013320 B. WING 08/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 228 BRIARBROOK DRIVE **BRIARBROOK PLACE** EAST PEORIA, IL 61611 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) **Z9999** Continued From page 1 Z9999 3) Periodic reevaluation of the type, extent, and quality of services and programming. 7) Modification of the resident care plan, in terms of the resident's daily needs, as needed. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act) These regulations were not met as evidence by: Based on record review and interview: 1. The Governing Body of the facility, as well as facility administration, failed to: Implement their written policies regarding neglect when they failed to accurately document the verbal or physical behaviors demonstrated by R1 and R2 toward their peers. Monitor for patterns, events or trends that may constitute abuse or neglect.

Conduct an IDT (Interdisciplinary Team) meeting

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mental anguish. This also includes the

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R1's ISP (Individual Service Plan) dated 06/23/21

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include, "(R2) may display these behaviors when he is struggling with the environment in which he lives. May display target behaviors without precursors or when he gets upset."

In 2021, R2's BMP was reviewed with no changes

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED IL6013320 B. WING 08/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 228 BRIARBROOK DRIVE BRIARBROOK PLACE EAST PEORIA, IL 61611 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) Z9999 Continued From page 5 Z9999 in interventions noted on 01/2021. R2's BMP notes his Buspar was increased by 5 milligrams to 15 milligrams two times daily with no changes to interventions noted. In April 2021, R2's BMP was approved without changes to interventions noted. In May 2021, R2's Buspar increased to 15 milligrams three times daily with no changes in interventions noted. In 06/2021, R2's Lamictal increased to 200 milligrams daily with no interventions noted. In July 2021, R2's BMP was reviewed and approved with no change in interventions noted. Documentation: Staff is to document incidents of target maladaptive behaviors on a behavior report in their electronic system. Review of incidents reported to the Illinois Department of Public Health involving R1 between his admission on 06/01/21 and 07/26/21 include the following: On 06/28/21, "(R1) kicked (R6) in the lower left leg and then (R1) hit (R6) on his lower back with closed fist after (R1) thought (R6) hit another resident." On 06/28/21, "(R1) put his hands around the neck of (R7). While attempting to remove (R1) hands, (R7) scratched (R1's) left ear." On 07/18/21, "(R1) and housemate (R11) got into a verbal argument regarding use of the vacuum cleaner. (R1) then went into (R11's) bedroom and asked (R11) to turn his television down. (R11) did not respond to (R1) causing him to become upset and punch (R11) with a closed fist on the right side of his face...(R11) does have a small bruise above and below his right eye."

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C B. WING IL6013320 08/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 228 BRIARBROOK DRIVE BRIARBROOK PLACE EAST PEORIA, IL 61611 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Z9999 Continued From page 6 Z9999 On 07/18/21, "(R2) became upset when peer (R3) told him that it was not his scheduled computer time. (R2) then slapped (R3) in the right arm. (R3) then retaliated and punched (R2) in the right side of his face with a closed fist. Peer (R1) then became upset and punched (R3) on the left side of her face with a closed fist. (R9) then yelled at (R1) causing (R1) to place his hands around (R9's) neck." On 07/21/21, "DSP (Direct Support Person) (E3) contacted the (local) Police Department after (R1) punched her with a closed fist on the side of her face." Police report obtained, dated 07/21/21 at 8:09am. Report documented, "Client hit complainant in the head. Client is (R2)." An electronic record written by E5 (Direct Support Person/DSP) on 07/25/21 at 2:46pm reads that when R1 woke from a nap, R2 was having a behavior. When R1 came out he saw the police talking with R2. This instantly made R1 mad at which time R1 began unplugging the television, fan, DVD and computer. E5 asked R1 to return to his room, which R1 ignored. E5 went to get another staff member, at which time R1 went to E5 and pushed her shoulder with his shoulder. R1 entered the kitchen and grabbed a pot of boiling hot dogs and slung it across the kitchen. An electronic behavior report written on 07/25/21 by E6 (DSP) and regarding an occurrence at 3pm reads, "I was coming out of the bathroom; I saw (R1) walking in the living room. As I followed him. I just saw him bend down and punch (Z2, a visitor) in his face for no reason." An electronic record written by E5 (DSP) on 07/08/21 at 8:57pm reads in part, (R1) has been upset all day. He refused dinner and went in his

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following:

between 02/01/21 and 07/26/21 include the

On 02/06/21, "(R9 and R2) got into a verbal argument. (R2) then hit (R9) on the left side of her face with a closed fist. (R9) removed herself from the dining room area and headed towards her room. (R2) followed and hit her with a closed

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6013320 B. WING 08/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 228 BRIARBROOK DRIVE **BRIARBROOK PLACE** EAST PEORIA, IL 61611 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 8 Z9999 fist three more times in the face and in the nose. (R9) then grabbed (R2's) hands in an attempt to keep him from hitting. (R2) then punched (R9) in the left rib and kicked her in the groin... (R2) was evaluated and first aid was applied to a small cut on his left hand. (R9) was evaluated and given ibuprofen for a headache." On 02/15/21, "(R2) became upset when (R7) stated the cup (R2) was using to drink water did not belong to him. (R2) then threw the cup of water on staff and (R8). (R2) then charged (R7) and punched him with a closed fist on the right side of his head. (R2) then began hitting (R7) in the chest with an open hand and ripping his shirt." On 03/30/21, "...(local police department) arrived at (the residence) due to a noise complaint because (R2) was outside verbalizing his frustrations in the front yard." On 07/02/21, "(R2) was transported to (local emergency department) by ambulance due to an increase in irritability and aggression." R2 was involved in incident reported to Illinois Department of Public Health on July 18, 2021 as stated above involving R1, R2, R3 and R9. On 07/25/21, "(R2) became upset when a staff member asked him to get off the computer. (E5) was redirecting (R5) to her bedroom when (R2) pushed (R5) down." On 07/25/21, "(R2) contacted the local police department while he was having a behavior. An officer was dispatched to the facility and R2 was transported to the local emergency department for a psychiatric evaluation."

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY | |
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| Z9999 | Continued From page 9 | | Z9999 | | | | |
| | Review of local police | ce department reports the | | , | | 2.5 | |
| | following contacts w | | | | | | |
| | | | 1 | | | | |
| | On 7/3/21 at 6:41pm | n, the local police department | | | | 10.00 | |
| | | R2) was trying to hit people | - | | | 1. | |
| 58 | and threatening ped | pple. Also stated that R2 threw | ٠ | | | 41 | |
| 1 | | and went outside in the back | | w. | | | |
| | yard then came bac | k inside and is now | | | | | |
| | screaming. | | | | | | |
| 1 = 2 | | | | | | | |
| | | pm, local police were | | | | | |
| | | cility for an incident with R1. | | | | | |
| | | A bystander (Z1) flagged me | | | | | |
| | down and advised h | e witnessed the incident. (Z1) | | | | | |
| 1.0 | stated that approxin | nately 45 minutes prior to our | | | | | |
| 1. | | what appeared to be a | | | | 1 | |
| | | in the front lawn at (the | | | | | |
| | stated he was going | ed by a grown male. (Z1) to intervene, but an | | , | | | |
| 70 . P. | employee told him to | | 1000 | · · | | 311 | |
| 100 | employee told juili t | o leave. | | | | | |
| 55 | On 07/25/21 at 12:3 | 3pm, R2 was upset about his | | 908 | | | |
| - | | pegan lashing out at staff, R2 | | | | . 45 | |
| | was transported to t | | | | | . 990 | |
| | department for psyc | | | ' | | | |
| | | (8) | | | | | |
| | Behavior data summ | nary for April, May and June | | | | 1 | |
| | 2021 for Physical Ag | gression, Verbal Aggression, | | | | l i | |
| | | all listed as "0" (zero). | | | | | |
| 18 | | , | | · · | | | |
| | E5 (DSP) was interv | riewed on 08/03/21 at 4:43pm | | | | . A00 | |
| 4.6 | | behaviors. E5 stated R2 | | | | | |
| | | kick, scratch, bite, pull hair | | , | | | |
| | | stated she has been attacked | | | | | |
| | | alled me to the ground by my | | | | | |
| | | broke my jewelry." E5 stated | | | | | |
| | | down while a supervisor was | | | | . =: | |
| | | some new employees have | | | | * | |
| | | iviors as it is typically new | | | | | |
| | staff that R2 targets. | , | | | | i I | |

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

| STATEMENT OF DEFICIENCIES AND PUN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DAT | (X3) DATE SURVEY COMPLETED | |
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| - (V.4) ID | SI ILALADV STA | | DRIA, IL 61 | | | | |
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| Z9999 | Continued From page | ge 10 | Z9999 | | | | |
| | 9:24pm. E4 confirm when R8 was attack R1 was also having and "everyone he co | viewed on 08/03/21 at ed the incident on 07/25/21 ked, involved R2. E4 stated behaviors that day and hit R6 buld." E4 was asked if she en he acts out. E4 stated she | ** | | | | |
| | is afraid when R2 ac | cts out and has had to run stated that some of the girls | | | | | |
| | asked if she felt safe wasn't afraid of anyo peers when he acts | on 07/29/21 at 11:41am and in her home. R4 stated she one but "(R2) attacks staff and out." R4 also stated (R1) and staff, but he no longer | | @ | | | |
| | asked if he felt safe that (R1) had choked | on 07/29/21 at 12:09pm and where he lived. R7 stated d him in the past. R7 was id. R7 responded, "Yes, and tway." | | • • • • • • • • • • • • • • • • • • • | | | |
| | asked if she felt safe and R2) sometimes a stated, "(R2) attacke her to the ground. (R jewelry and was pune (R1 and R2) were pic When staff wouldn't by yard and then to the away from them. R3 the shoulders and re wall. R3 stated that la | on 07/29/21 at 12:18pm and in her home. R3 stated (R1 attack residents and staff. R3 d (E5) last week and pulled (2) pulled her hair, broke her ching (E5)." R3 also advised cking on her and teasing her. help, she ran out into the sister facility next door to get also stated R1 held her by peatedly pushed her into the ast Sunday (07/25/21), R2 e was sitting outside. R2 hit, potball at R8. | | | gan | | |
| in a la Dana d | | on 07/29/21 at 12:35pm. R8 | | | | | |

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6013320 B. WING 08/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 228 BRIARBROOK DRIVE BRIARBROOK PLACE **EAST PEORIA, IL 61611** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)(EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 11 Z9999 was asked if she feels safe where she lives. R8 stated R1 hit people and staff a lot, but he no longer lives there. R8 continued "(R2) attacked me on Sunday. I was having a bad day, so I went out and sat in the grass by the end of the driveway. (R2) came out and I told him to stay away. (R2) touched my shoulder then started attacking me. (R3) saved me. A neighbor stopped to see if he could help." R8 further stated, "I feel scared, do I have to go home? It's like walking on class, it's really scary. He hits and throws stuff." R10 was interviewed 07/29/21 at 1:00pm and asked if she feels safe in her home. R10 stated, "I was afraid of (R1), but he's gone. (R2) hits staff and residents. He has hit (R3) and (R8). On Sunday (07/25/21), (R2) hit (R8). (R8) told (R2) to leave her alone and he hit her and threw a football at her." R14 was interviewed 07/29/21 at 4:08pm and asked if she feels safe in her home. R14 stated she used to be afraid of R1, as he choked R3 and hit other residents and staff, but he is not living there now. R14 stated R2 hits staff and residents R14 was asked if she was afraid of R2, R14 stated, "Sometimes." R9 was interviewed on 07/29/21 at 4:15pm and asked if she felt safe living in her home. R9 stated,"(R1) had a lot of behaviors and put his hands on my neck, but he doesn't live here now." R9 was asked if she was afraid of anyone in the home. R9 replied that she was afraid of R2 when he gets mad. R9 was asked if R2 has hit her before. R9 stated, "Yes." E1 (Administrator) confirmed during interview on 7/30/21 at 3:34pm that R1 was in a psychiatric unit at a local hospital and had been involuntarily

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
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| | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 228 BRIARBROOK DRIVE | | | | | | |
| · | | | ORIA, IL 61 | 811 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE | |
| Z9999 | Continued From page 12 | | Z9999 | | | | |
| | discharged from their facility. | | | | | | |
| | 3:34pm that she course Tracking or docume | g interview on 07/30/21 at uld not provide Behavior entation for R1 for the months I in which he lived at the | | | | | |
| | psychiatric appointn she had not attempt nor had the facility a | g this interview R2's next nent is scheduled 9/9/21 and ted to have him seen earlier attempted to contact SST teams) to assist in R1 or R2's | | 31 | | | |
| © . | 2:00pm that she had the officer (of the 07 was fighting with R8 was actually R2 hitti miscommunication | g interview on 08/03/21 at d unintentionally misinformed 7/25/21 at 9:04pm call) that R1 in the front yard prior when it ng R8. This was due to confusion of the curred that day, per E1. | | | | | |
| | 12:06pm, "How doe | g interview on 08/03/21 at s your facility monitor for of abuse?" E1 replied, racking." | | | | - · | |
| , g | | Behavior Tracking Form she owed the facility to identify E1 stated, "No." | | |)e: | | |
| ē , | documented (for R2 responded that there documentation in Ap documentation in Madocumentation in Judecumentation in Judecumentation in Judecumentation in Judecumentation in Judecumentation in Judecumentation in Judecument | ay and 27 days with no ne (2021). | | | \$\$ \$ | | |
| | E1 was asked if the | behavior tracking provided | | | | | |

(X2) MULTIPLE CONSTRUCTION

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLIN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6013320 08/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 228 BRIARBROOK DRIVE BRIARBROOK PLACE EAST PEORIA, IL 61611 (X4) ID **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 13 Z9999 for R2 is an accurate, functional representation of his behaviors. E1 stated, "No." A July 14, 2021 "Treatment Review/Human Rights Committee (HRC) Meeting Minutes" was reviewed. R2's notes show that on 05/25/21, his psychiatrist increased his Buspar 15 milligrams from twice daily to three times daily and that the nurse had called due to increased behavior prior to his appointment. E1 was asked during interview on 8/3/21 at 12:17pm if the July 14, 2021 HRC meeting was an accurate account of R2's behaviors. E1 stated, "No." E1 was asked during interview on 08/03/21 at 1:05pm, "...is it your policy that after three incidents, the IDT will meet to review the person's needs, revise the intervention methods and review the overall plan for the person?" E1 responded, "...our policy is to have an IDT after 3 incidents. No, I did not have an IDT for (R1's) behaviors. (R2's) third peer to peer was the 25th (7/25/21) and I did not schedule one." E1 was asked during interview on 08/05/21 at 2:48pm if R2 has had any changes in his interventions for his maladaptive behaviors in 2021 (prior to the entry of the complaint on 07/29/21) besides the medication changes which are listed on the HRC meeting minutes she had provided. E1 stated, "No." E1 was asked during interview on 08/05/21 at 3:43pm, "Per your policy on Abuse and Neglect. revised December 2020, under the section titled "Peer to Peer Abuse," has your facility effectively

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protected residents from abuse, fear or mental anguish stemming from R1 or R2's behaviors. E1

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6013320 B. WING 08/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 228 BRIARBROOK DRIVE BRIARBROOK PLACE EAST PEORIA, IL 61611 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 14 Z9999 stated, "I don't know how to answer that question and I don't feel comfortable answering it." E1 later responded on 08/05/21 at 4:36pm, "I do feel as if the facility protects all residents." 2. An undated facility roster provided at the beginning of the survey shows R3 and R14 function at the level of Mild Intellectual Disability. Facility Policy dated December 2020 and titled "Abuse and Neglect Program (ICF)" defines Abuse as, "The willful infliction of injury, unreasonable confinement, intimidation punishment with resulting physical harm, pain or mental anguish. This also includes the deprivation by an individual, including a caretaker. of goods or services that are necessary to attain or maintain physical, mental and psychosocial well being." Afacility policy titled "Abuse and Neglect Program" revised on December 2020 defines Involuntary Seclusion as, "A separation of a resident from other residents or from his room or confinement to his room against the resident's will, or the will of the resident's legal representative." Resident Council Notes dated 07/26/21 at 6:00pm read, "All residents agreed that bedrooms have been looking very messy. Residents were reminded that all clothes/shoes etc need to be picked up off the floor and the bed made prior to going to (day training). If this is not completed. the resident will stay home from work until this task is completed." During interview on 07/29/21 at 12:18pm, R3 was

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asked why she missed day training on 07/28/21. R3 stated, "I had to clean my room." R3 further

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ COMPLETED С IL6013320 B. WING 08/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 228 BRIARBROOK DRIVE **BRIARBROOK PLACE** EAST PEORIA, IL 61611 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Z9999 Continued From page 15 Z9999 stated E1 (Administrator) told her and her roommate (R14) they had to stay in their room until it was clean and weren't allowed to attend day training until it was clean. R14 stated during interview on 07/29/21 at 4:08pm she was not allowed to attend day training on 07/28/21 because her room was messy. R14 stated she and R3 were allowed to come out of their rooms for meals and to use the restroom but were told they were to stay in their room until it was clean. R3 and R14 stated they were not allowed to do "anything fun like have a dance party, watch (television) or use their phones." R4 and R8 confirmed during interview on 07/29/21 at 12:35pm that R3 and R14 were not allowed to leave their room including attending day training until their room was clean. E1 confirmed during interview on 07/30/21 at 3:20pm that she did tell R3 and R14 they were not allowed to attend day training on 07/28/21 and they were to stay and clean their room. E1 stated R3 and R14 enjoy socializing at day training; she "was trying to teach them responsibility." (A)

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